RUTHERFORD COUNTY, TENNESSEE HOTEL/MOTEL/CAMPGROUND TAX REPORT

IMPORTANT: THIS REPORT MUST BE FILED BY THE 20TH DAY OF EACH MONTH FOLLOWING THE MONTH FOR WHICH REPORT IS DUE!

ASSESSMENT COV			тс	
NAME OF HOTEL/MOTE	.L, ETC.:			
LOCATION:(Str	reet Address)	(City)	(State)	(Zip Code)
	•	, .,	(State)	` ' '
TELEPHONE NUMBER:				
		CLIDANCY:		
NUMBER OF PERMANE				
NOWDER OF FERRING	INT REGIDENTS.			
1 GROSS RECEIPTS FOR OCCUPANCY OF ROOMS/SPACES				\$
2 DEDUCT AMOUNT FOR PERMANENT RESIDENTS OF 45 OR MORE CONTINUOUS DAYS				\$
3 NET TAXABLE RECEIPTS (LINE 1 MINUS LINE 2)				\$
4 TAX DUE (2.5% of line 3)				\$
5 I PENALTY: 1% FOR EACH 30 DAYS OF DELINQUENCY OR ANY PORTION THEREOF FOR TAX DUE ON LINE 4				\$
6 INTEREST SHOULD BE FIGURED AT 12% PER ANNUM (DAILY RATE IS .000328 OF LINE 4)				\$
7 LESS 2% COMPENSATION FOR OWNER/OPERATOR FOR THE REMITTANCE OF TAX DUE ON LINE 4 - IF TAX IS NOT DELINQUENT				\$
	TOTAL T	AX DUE WITH	H THIS REPOR	Т <u>\$</u>
		• • • • • •	AX MONTHLY MAY FILE QUAPRIL, JULY, OCTOBER AI	
I DECLARE UNDER PENALTY BEST OF MY KNOWLEDGE A				
SIGNED:	TITLE:			
			THERFORD COUNTY 121, Murfreesboro, To	_
	F	OR OFFICE USE O	ONLY	
DATE PAID:		RECEIPT NUM	BER:	